

**INFORMATION FOR USING AND COMPLETING  
THE  
NEW JERSEY UNIVERSAL PHYSICIAN APPLICATION (MC-5)  
AND  
NEW JERSEY PHYSICIAN RECREDENTIALING APPLICATION (MC-6)**

1. The New Jersey Department of Health and Senior Services recommends that a physician download these forms and retain them for future use.
2. A physician should submit completed forms to those carriers whose networks the physician is interested in joining, or the carriers' appropriate vendors. Information about how to direct the forms should be available from a carrier's Provider Relations or Credentialing offices. Physicians should NOT submit the completed form to the New Jersey Department of Health and Senior Services. The New Jersey Department of Health and Senior Services does not credential health care providers, and will NOT forward the forms or other information to any carrier or other organization.
3. The New Jersey Department of Health and Senior Services recommends that the forms be completed in full, with no area left blank; physicians should indicate that a section or question is not applicable when that is the situation.
4. The New Jersey Department of Health and Senior Services recommends that additional information regarding education, certifications, affiliations, jobs and office locations be provided by attaching additional sheets of paper to the completed form when the form is being sent to the carrier via regular mail or land-based delivery methods. Carriers may have other instructions for submission of additional information in an electronic format, and should be able to provide such instructions through their Provider Relations or Credentialing offices.
5. Carriers are permitted to request information from physicians as part of the credentialing or recredentialing process in addition to what may be contained in the New Jersey Universal Physician Application or the New Jersey Physician Recredentialing Application. However, the requested information cannot duplicate information already contained in the completed application. *Please note:* requests for primary or secondary source verification do not constitute a duplicate request for information.
6. The names of authorized Health Maintenance Organizations and other carriers having approved Selective Contracting Arrangements, with addresses and general contact information, are available at the New Jersey Department of Banking and Insurance's web site under the "Managed Care" heading. The current URL for that site is [www.nj.gov/dobi/managed.htm](http://www.nj.gov/dobi/managed.htm).
7. Only carriers offering health benefits plans (that are managed care plans) in New Jersey, and vendors to whom the carrier has delegated network credentialing functions, are required to accept the New Jersey Universal Physician Application or the New Jersey Physician Recredentialing Application. Carriers offering other types of products using networks, and other organizations may *elect* to use the forms as is or with modifications, or may *elect* to use the forms for health care providers other than physicians, but are not obligated to do so. Physicians should check with each organization to be certain what forms they may require.

8. While carriers offering health benefits plans (that are managed care plans) in New Jersey are required to accept the New Jersey Universal Physician Application or the New Jersey Physician Recredentialing Application, each carrier may also have an alternate set of forms available (or may authorize their vendors to use an alternate set of forms). Physicians cannot be required to use the alternate forms. However, physicians may elect to use the alternate forms rather than the New Jersey Universal Physician Application or the New Jersey Recredentialing Application, if the alternate forms are more convenient. *Please note:* when a carrier (or its vendor) has its own form for recredentialing purposes, the form must be prepopulated with a physician's information when distributed to the physician.
9. There may be one or more national credentialing databases, data banks or repositories of health care providers that both a physician and the carrier may *elect* to use in lieu of completing the New Jersey Universal Physician Application or the New Jersey Physician Recredentialing Application; however, physicians cannot be compelled by a carrier to use such a database. There are certain standards that the database, data banks or repositories of health care providers must meet in order for their use to constitute an acceptable elective substitute for the New Jersey Universal Physician Application or the New Jersey Physician Recredentialing Application, including standards regarding accessibility, security features, and types of information collected.
10. The New Jersey Universal Physician Application and the New Jersey Physician Recredentialing Application, standards for their use, and standards for using alternative information collection methods are set forth in N.J.A.C. 8:38C-1, under the authority of N.J.S.A. 26:2S-7.1. A copy of N.J.A.C. 8:38C-1 is available electronically at [www.state.nj.us/health/hcsa/chap38c-1.pdf](http://www.state.nj.us/health/hcsa/chap38c-1.pdf). Adobe Acrobat Reader is required to view the file. Paper copies of the rules and the forms may be requested from the New Jersey Department of Health and Senior Services by contacting the agency in writing at:

New Jersey Department of Health and Senior Services  
Office of Managed Care  
P. O. Box 360  
Trenton, NJ 08625-0360

or by fax at: (609) 633-0807.